

**MARCH 2026**

# SURGICAL GRAND ROUNDS



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### 2026 WSSS OFFICERS

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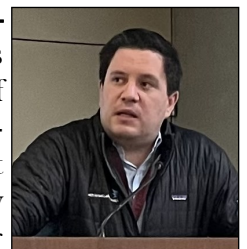
*Jude Jaracki (WSUGS 2006)*

The **Surgical Grand Rounds** for Wednesday, February 11, 2026 was presented by **Dr. Sunil Geervarghese** who is the Medical Director of the Transplant Program at Vanderbilt University. This lecture was the **Annual Dr. Jerry Rosenberg Lecture**. Dr. Manuel Tobon (WSUGS 2021) introduced our guest speaker who is well known as an educator and surgeon within the transplant societies. Our distinguished lecturer provided a brief summary of Dr. Rosenberg who obtained his PhD as part of his residency at the University of Minnesota. Dr. Rosenberg served in the United States Public health service and in Vietnam. After coming to Wayne State University (WSU), he became a leader in transplantation within Michigan and was President of the Transplantation Society of Michigan. During his career at WSU he was a triple threat who made many contributions as an educator, transplant surgeon, and researcher. This Lectureship was created in recognition of his many contributions.



Dr. Sunil Geervarghese

The title of Dr. Geervarghese's presentation was **"Keeping Surgeons in the Fight"** and dealt with the contributions that he has made at Vanderbilt University in dealing with the after-effects of physician error which may occur in the office setting or in the operating room. This process, that matured under his leadership at Vanderbilt, was introduced and accepted by the American Society of Transplant Surgeons (ASTS) initially and then by many other organizations that recognized the importance of his contributions.



Dr. Manuel Tobon

He emphasized the well-known fact that surgical complications, cognitive or technical, wound the surgeon and he is then like the "walking wounded". Dr. Geervarghese dovetailed his presentation with the learning of policies adapted by the United States Marine Corps in which he served. He referred to the work of Dr. Rene Leveque, the famous vascular surgeon, who emphasized that within each surgeon is a small cemetery representing the end result of surgical complications. During reflective moments, the surgeon goes to the cemetery to reflect upon surgical failures and to pray.

He referred to some of the classic works by Dr. Greg McKenna who described the many episodes in one's life that follow a surgical error. Sometimes though, the results of a surgical error lead to the questioning of one's morality since the error is a



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## SURGICAL GRAND ROUNDS, cont..

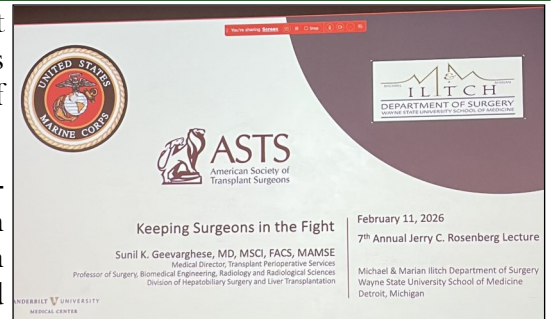
transgression of the patient's beliefs. He quoted authors who suggest that the surgical error creates a "moral injury" which forever weighs upon the surgeon's equilibrium and he emphasized the importance of developing a system to deal with this tragic event.

He described the stages of surgical response to this mental challenge. The first part of the five step stage involves the "kick", which represents the air. This is followed by the "fall", when the surgeon feels all the consequences of making an error, including impaired communications with friends, nervousness, and loss of sleep. This is followed by the "recovery", when the surgeon tries to deal with the problem and move on to the next challenges in life. This often takes some time and may involve changing some of his/her practice activities. The final phase/step is the "long-term" effects, which may include altering one's practice, avoiding difficult cases, or retiring prematurely.

He equated many of these activities and responses to those developed by the United States Marine Corps when dealing with combat and operational stress control in the Marines. He emphasized the importance of having a mechanism for discussion of these challenging pressures. He emphasized how combat errors create a similar response as surgical errors. He emphasized how the United States Marine Corps policy is to work on the soldier's morale, pride, and self-worth so that the Marine is returned to the fighting unit.

In the surgical sphere, Dr. Geervarghese quoted from the work of Dr. Jo Shapiro, who emphasized the effect of that "you are not your error". The University of Vanderbilt has developed a program entitled "Resilience Rapid Response" (R3T) which is designed to have open discussion about surgical errors and involve the house officers and attending surgeons. This program has proven very helpful in alleviating some of the frustrating complications of surgical errors. Our guest speaker has introduced this program to the ASTS where it has been very well accepted and has since spread to the societies that deal with head and neck surgery, pediatric surgery, and others.

He pointed out that the degree of self-recrimination correlates with the severity of the complication as described by the classic systems which rate the seriousness of complications, with death being the worst. He pointed out that the effect of serious complications becomes more personal in the younger surgeons who have not yet matured from dealing with prior complications as opposed to more senior surgeons who have gone through the process in the past. He emphasized that that the program at the University of Vanderbilt emphasizes that the surgeon is not invulnerable and paraphrased the classic statement "to err is human and to forgive is divine". There was an active discussion of this very interesting presentation.



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# SURGICAL GRAND ROUNDS

## DINNER HONORING THE ROSENBERG LECTURER

On Tuesday, February 10, 2026, there was a dinner at the Detroit Athletic Club paying respect to Dr. Sunil Geervarshese. Many of our surgical faculty and surgical residents attended this dinner.



(Left to right): Mr. Patrick McGee (husband of Dr. McGee), Dr. Jessica McGee (WSUGS 2017), Dr. Michael White (WSU/GS 1990/970), Dr. Amilee Khoury (new trauma surgeon), Dr. Jude Jaraki (WSUGS 2026), Dr. Macy Anderson (WSUGS 2028), and Dr. Megha Patel (WSUGS 2027)



(Front in black dress, and then around the circle to the left to right) Dr. Julia Cochrane WSUGS 2023), Dr. Alexandra Adams (WSUGS 2030), Dr. Lauren Feder (WSUGS 2030), Dr. Nicholas Calvo (WSUGS 2026) and his bride, Dr. Sana Khan ( WSUGS 2027) and her date, Chayton Fivecoat (WSUGS 2030), and Dr. Zachary Kittrell (WSUGS 2030)



(Left to right) Dr. David Edelman (WSU/GS 2002/09), Dr. Eliza Beal, Dr. Paige Aiello (WSUGS 2024), Dr. Miguel Tobon (WSUGS 2021), and the Rosenberg Lecturer for February 11, 2026 Grand Rounds, Dr. Sunil Geervarshese, for whom the dinner was given.



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# SURGICAL GRAND ROUNDS, cont...

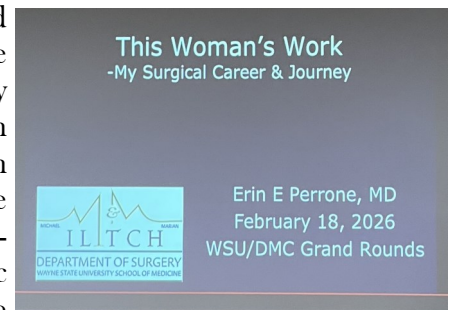
The **Surgical Grand Rounds** for **Wednesday, February 18, 2026** was presented by Dr. Erin Perrone (WSUGS 2012) and was entitled "**The Woman's Work- My Surgical Career and Journey**". Dr. Perrone described the circuitous journey from pre-medical school days to her current position as the Director of the "Fetal Diagnosis and Treatment Center" at the University of Michigan. She emphasized that the trip from A to B is not always a straight line but may have many twists and turns which present challenges along the way. Throughout her career she has had a love for children and early on recognized that she wanted to become involved in the treatment of children.



Dr. Erin Perrone

Anticipating that she would probably want to have an academic career and knowing that she was accepted into a pediatric surgical residency, stimulated her to become involved in two years of basic research during her surgical residency at WSU. During this period of time, she was involved in the study of sepsis, the short gut syndrome, and the effects of bio on gut function. During this time, she became pregnant with her first child and was interested in having a six-month maternity leave in order to be with her newborn knowing that this is a very critical time for infant development and identification with his/her mom and dad. During her second-to-last year of surgical residency, she had her second child and again wanted this six-month maternity leave in order to allow the youngster to identify with his/her mom and dad during this crucial period. Throughout this time, she learned the importance of "trusting your gut" when it comes to decision-making. This led her to become involved with fetal care during her early years at the University of Michigan as faculty, and she described the importance that programs by the American College of Surgeons and songs by Taylor Swift emphasize the importance of doing what you love to do. She also discussed the work of Simon Sinek, a motivational speaker, regarding the importance of doing what you love.

Dr. Perrone described some of the great challenges in fetal diagnosis and treatment. She showed many pictures demonstrating these challenges. She emphasized that some type of congenital defect is present in one out of every 2500 births. One of the most challenging congenital defects is the problem with a diaphragmatic hernia in the fetus. She described the classification based upon severity with the worst being the relocation of the liver into the chest causing compression of the fetal lung. At the time of her early involvement with congenital defects, patients with this severe form of diaphragmatic herniation had an extremely low survival rate. The cause of death would be pulmonary failure. This is due to the compression by the liver around a lung which leads to brachial compression and occlusion. The challenge was to provide **rapid** intubation in the fetus so that the capacity for the lung was improved in order to be compatible with survival.



Dr. Perrone showed a movie demonstrating the technique of fetal intubation and ventilation which appears to have come out of Star Wars and The Next Generation. When taking on such a new challenge, she emphasized

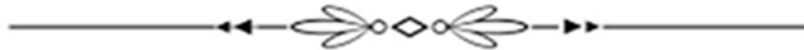
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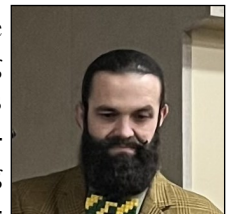
# SURGICAL GRAND ROUNDS

the importance of "trusting your gut" since you will find very few supporters, or maybe no supporters, of this far-fetched project. She and her team persisted with this endeavor and were able to show a tremendous improvement in survival and healthy birth for babies with this severe type of congenital diaphragmatic hernia. She emphasized the importance of moving ahead and creating your team so that you can succeed in successfully carrying out your dream.

There was a very extensive question-and-answer session in response to this a very innovative presentation.

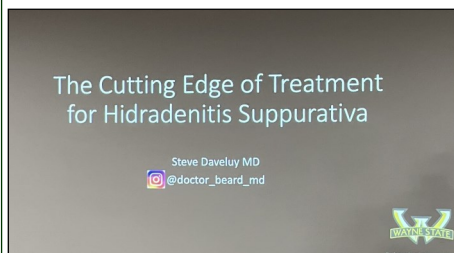


The Surgical Grand Rounds on Wednesday, February 25, 2026 was presented by Dr. Steve Daveluy from the Department of Dermatology. His presentation was entitled "The Cutting Edge of Treatment for Hidradenitis Suppurativa (HS)". The objective of his presentation was to discuss both the medical and surgical treatment this entity. He described the typical locations where HS appears including the armpits, suprapubic area, groins, the genitalia, including the labia and the scrotum, and the perianal area extending to the coccyx and sometimes laterally onto the buttocks. Sometimes these lesions are simple superficial abscesses. whereas on other occasions the lesions may burrow and form fistulas in the surrounding area. He suggested that a fatty diet and smoking may contribute to the development of HS.



Dr. Steve Daveluy

Medical treatment is typically provided with antibiotics, with the most popular antibiotic being tetracycline or doxycycline. They see many patients with this problem of HS at Wayne Health and have found out that modifying clothing may help, particularly, in male patients who are advised to wear boxer shorts. There are also some immune agents which are used to treat complications of HS.



Surgical treatment is typically applied after medical treatment has been associated with one or more recurrences. He described how wide excision of all of the involved tissues is associated with about a 5% recurrence rate, whereas, partial excision is associated with over 25% recurrence rate. Often the lesion requires too wide of an excision to obtain primary closure although a small percent of patients are treated with wide excision followed by soft tissue flap closure of the open defect. The disease is thought to involve hair follicles so that one of the treatments is to cut the hair short or to eliminate the hair by laser technique.

He described the Hurley Classification extending from mild to moderate to severe disease, based upon extent and complications such as fistulas or underlying tracks. When the disease involves large areas of the perianal and of buttock soft tissues, wide excision followed by secondary healing of the

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open wound usually gives the best effect. There have been some reports, from Australia, whereby **unroofing** of the lesion is followed by healing when minimal debridement under the incision is performed. Most North American studies do not show benefit from that technique. He also described the injection of botulism toxin into the diseased area.

The editor was confused as to why there was no mention of the apocrine sweat glands, which are located in exactly the same locations where HS occurs and these lesions often disappear when antiperspirants are eliminated and talc powder is used to deal with excessive sweating. There was an active question-and-answer session.







## EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

9/13/72 - Staff: Dr. R.F. Wilson

1. JD430: 16yo in MVC, resuscitated with open cardiac massage and aortic clamping, abdominal tap was positive. Taken to O.R., had a massive retroperitoneal hematoma. Spleen and liver OK. BP with aortic clamp only 80 to 90. Retroperitoneal hematoma was expanding. Found to have laceration of a branch of left renal vein and lumbar arteries x2. Upon opening hematoma, BP fell to 0, and he expired.
2. AP: Paged STAT to Ward. Patient was five days postop GSW to right lobe of liver and colon. Right hepatic artery was ligated, and patient had exteriorized colon injury and Kirkpatrick procedure. He was found to eviscerate around his exteriorized colon in O.R. There were blood clots in the abdomen, and the right liver looked yellow and slightly necrotic. Eviscerated colon wound was closed.
3. JR: SB obstruction due to internal hernia and adhesions, reduced with lysis in O.R. and exploratory laparotomy.



Dr. Anna Ledgerwood

9/14/72 - Staff: J.C. Rosenberg

1. NC: Flail chest treated with tracheostomy.

9/15/72 - Staff: Dr. A.J. Walt

1. JD: With multiple stab wounds chest and abdomen, shock on admission, high SBP with fluid <70mmHg; rushed to O.R. and had left thoracotomy with aortic clamping. A pericardium was opened, and it was empty. Right chest tube was inserted with 400 ml of blood with aortic clamp, BP only 80 mmHg. While fluids pushed via three large I.V.'s, no further rise in BP. Abdomen opened, approximately 3L of blood, lacerated liver with thru-and-thru right lobe and lacerated spleen and transverse colon. Patient expired in O.R.
2. MC: Stab abdomen and left subcostal area with stable vital signs, exploratory laparotomy with thru-and-thru injury left lobe of liver, not bleeding and not sutured but was drained.

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## "EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE, cont...

3. LR: GSW x2. #1 wound: Entry into left shoulder, bullet lying LUQ posterior abdomen with contusion lung. Minimal hemothorax on left, mediastinum not widened, clavicle not fractured. Bullet went posterior to the clavicle right chest with no pneumo or hemothorax. #2 wound entered in RLQ; bullet lying approximately S1-S2 level posteriorly on right side. Patient in shock on admission, dyspneic and restless. BP up to 140 with fluid. Taken to X-ray, then to O.R. In O.R. left chest tube inserted, 200 to 300 ml of bloody fluid. Exploratory laparotomy showed 50 to 100 ml of blood in abdomen. Liver, spleen, great vessels normal. Patient had thru-and-thru injury to cecum that was debrided and closed in two layers and exteriorized as "Dr. Kirkpatrick procedure."
4. EB: GSW right chest and abdomen, vital signs stable, right chest tube inserted. Exploratory laparotomy showed lacerated diaphragm and dome right lobe of liver. Liver not bleeding, not sutured, but was drained. Diaphragm not closed.

9/16/72 -Staff: Dr. C. Huang

1. CP: GSW abdomen with entry T11-12 posterior axillary line. Bullet lying in posterior abdominal wall from LUQ. Vital signs stable. X-rays showed free air. Exploratory laparotomy showed lacerated spleen treated with splenectomy, lacerated short gastric vessel ligated, serosal tear stomach fundus was over sewn. Of note, could not find hole in any of GI tract to account for free air. Even a gastrotomy was performed, and stomach looked normal from inside; great vessels and kidneys intact.

9/1/72 - Staff: Dr. Tom Flake, Sr.

1. JS: Laceration left hand, taken to O.R. with repair of digiti minimi and abductor muscle. K-wire to fix fractured fifth metatarsal.
2. WR: SB obstruction treated with laparotomy and lysis of adhesions.

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## "EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE, cont...

9/18/72 - Staff: R. Allaben

1. TM: 54yo with two-day-old perforated ulcer, had respiratory arrest in E.R., resuscitated with intubation. In O.R. had 2.5 to 3L of pus and foul-smelling fluid in abdomen; perforated gastric ulcer, 1.5 cm, patched, and tracheostomy done. Abdomen drained, all four quadrants.
2. HG: GSW right arm which was a thru-and-thru wound with no radial pulse. In O.R. had thru-and-thru brachial artery resected with 1 cm defect with end-to-end repair. Good pulse postop.
3. JF: Abscess thigh, treated with I&D and debridement (patient a heroin user).

9/19/72 - Staff: B. Birks

1. RE: 12yo with laceration of forearm, treated with repair of tendon of superficial flexors to little, ring, and middle fingers, and flexor carpi radialis. No neurovascular injury.
2. LS: GSW thru-and-thru right thigh with 90% transection distal superficial femoral artery, treated with resection 2 cm and end-to-end anastomosis. Postop no pedal pulse, cold foot, arteriogram revealed block in superficial femoral artery in proximal Hunter's canal. Patient had re-operation and clot removed from femoral artery proximally. Distal tree was open with good back bleeding.
3. HF: GSW x4 with thru-and-thru right buttock, thru-and-thru left buttock, thru-and-thru left forearm, and entry of the epigastrium above the costal margin and exit left perianal area. In O.R. laparotomy was done with 12 holes SB with resection x2 and anastomosis. Thru-and-thru hole transverse colon, treated with loop colostomy. Perianal laceration of the seromuscular and posterior anal canal and rectum, was repaired.





## WSU MONTLY CONFERENCES 2026

**Death & Complications Conference**  
Every Wednesday from 7-8



**Didactic Lectures — 8 am**  
**Kresge Auditorium**

*The weblink for the New WebEx Room:*  
<https://davidedelman.my.webex.com/meet/dedelman>

### Wednesday, March 4

Death & Complications Conference  
**“Bariatric Surgery and Its Future”**  
Daniel Matienzo, MD  
Graduating Minimally Invasive Surgery Resident  
DMC/WSUSOM

### Wednesday, March 11

Death & Complications Conference  
**“Determining Patient Fluid/Volume Status”**  
Jason Kurle, DO  
Graduating SICU Fellow  
DMC/WSUSOM

### Wednesday, March 18

Death & Complications Conference  
**“Being an Evidence-Based Physician”**  
Michael Romani, MD  
Graduating Vascular Surgery Resident  
DMC/WSUSOM

### Wednesday, March 25

Death & Complications Conference  
**“Extracorporeal Membrane Oxygenation: A DMC Experience”**  
Nehal Ninad, MD  
Graduating SICU Fellow  
DMC/WSUSOM

**KRESGE AUDITORIUM** – SECOND FLOOR WEBBER BLDG  
HARPER UNIVERSITY HOSPITAL, 3990 JOHN R.  
7:00 Conference: Approved for 1 Hour – Category 1 Credit  
8:00 Conference: Approved for 1 Hour – Category 1 Credit  
For further information call (313) 993-2745

The Wayne State University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Wayne State University School of Medicine designates this live activity for a maximum of 2 hours *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.” The Planning Committee and Presenters have no commercial relationships.

#### EVALUATIONS

Surgery Grand Rounds #2026321064, Jan-Apr 2026 CME Reflective Evaluation:

Surgical Death and Complications Rounds #2026321125, Jan-Apr 2026 CME Reflective Evaluation:



## Wayne State Surgical Society

*The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander J. Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Joseph Sferra (WSUGS 1991) passed the baton of presidency to Dr. Bruce McIntosh (WSU/GS 1989/94) at the WSSS gathering during the American College of Surgeons meeting in October 2025. There are hundreds of Charter Life Members who have made contributions of well over \$10,000 to the WSSS and hundreds of regular Dues-paying members of the WSSS, including many of the above who donate the payment for one operation a year to the WSSS. The residents thank all of these former residents for their support of the surgical program and hope that they will have the opportunity to meet these individuals at the annual American College of Surgeons reunion.*

### WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the “Dr. John Smith Endowment Fund”, he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM. She can be reached by email at [lrobitai@med.wayne.edu](mailto:lrobitai@med.wayne.edu).